FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 28 1997 8:00am

0453718

Sandra B. Mortham

Secretary of State

| | 1997 | | DIVISION OF | DIVISION OF CORPORATIONS | | | Secretary of State | | | |
|---|----------------------------|-----------------------------|--|--------------------------|--------------------|-------------------|--|--------------|------------------------|-----------------------------|
| DOCUI 1. Corporatio MELMIC | MENT # S O, INC. | 90854 | (8) | | | | | | ah arah bian i | ilitii laat |
| Principal Plac | e of Business | | Mailing Address | | | | - | HIN NAME | JUL BUBAL BARIL B | |
| 3536 ENTERPRISE RD E SAFETY HARBOR FL 34695 US | | | P O BOX 238 OLDSMAR FL 34877-0004 US | | | | | | | |
| 2. Principal Place of Business | | | L. A. Matter Address | | | | 3. Date Incorporated or Qualified 10/28/1991 | | te of Last R 4/1996 | |
| 2. Principal F 21 | lace of Business | | 2a. Mailing Address 26 3536 Ewte | rnri | 5 0 | RAF | 4, FEI Number 59-3094783 | | <u> </u> | oplied For ot Applicable |
| Suite, Apt | #, etc | | Suite, Apt. #, etc. | 1.127 | | <u> </u> | 5. Certificate of Status Desired | IY | \$8.75 | Additional |
| 22 Ct. 8 Stat | | | City & State | | | | | | | equired |
| City & Stat | e | | 28 Safety Ho | elon | v. 1 | F-1 | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Zip | Col | untry | Zip | Cou | intry | | 8. This corporation has liability for | intangible | tax under s | |
| 24 | 25 | | 29 34695 | 30 | بع | | | Yes [| | |
| nei i | | dress of Current Ro | egistered Agent | | 81 | Name | 10. Name and Address of New R | egistered A | gent | |
| DELUCA, JULIE J 3538 ENTERPRISE RD E | | | | | | | (D.O. D. D. D. Sharks & Market | LTX | | |
| | ETY HARBOR FL | | | | | Street Abore | reet Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | 83 | | | | | |
| | | | | | 84 | City | | | 85 Zip (| Code |
| 44 Donoused | to the provisions of | Sactions 607 (MO2 ar | nd 607 1508. Florida Statu | toe the al | hove | named corp | oration submits this statement for the | FL number of | changing it | re registered |
| office or r | registered agent, or l | polh, in the State of F | forida. Such change was | authorizei | d by t | the corporati | oration submits this statement for the on's board of directors. I hereby acce | pt the appo | pintment as | registered |
| SIGNATURE | orcianina win, and | accept the poligation | 18 01, 0000011 007.00005, 1 | orioa olai | otes. | | | | | 1 |
| | Signature, typed or proted | name of registered agent an | | | d Agent | aignature require | d when reinstating) | DATE | | |
| 12. | PST | OFFICERS AND D | IRECTORS DELETE | 13. | TI E | | ADDITIONS/CHANGES TO OFF | CERS AND | DIRECTOR Change | RS IN 12 |
| NAME : | DELUCA, JULIE J | | 1.2 NA | | | | | | | |
| STREET ADDRESS | 3536 ENTERPRI | SE RD E | | 1.3 \$3 | FREET A | DDRESS | | | | [; |
| CHTV - ST - ZIF | SAFETY HARBOR FL | | | | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | D Deluca, Julie | | DELETE | 211) | | | | | Change | Addition |
| NAME STREET ADORESS | 3536 ENTERPRI | | | 22 N/ 23 ST | | DDRESS | • | | | |
| CITY - ST - ZIP | SAFETY HARBO | | _ | 3 | TY-ST | ł | | | | |
| TITLE | VD | | DELETE 3.1 TO | | 3.1 TITLE | | | | Change | ☐ Addition |
| NAME | DELUCA, LAWR | | | 3.2 N/ | | | | | | |
| STREET ADDRESS | 3536 ENTERPRIS | | | | | DDRESS | | | | |
| CHY-ST-ZIP TITLE | WILL INTO | 711 | DELETE | 3.4. G 4.1 TI | TLE | - LIF | THE STATE OF THE S | , | Change | Addition |
| NAME | | | | 4. 2 N | IAME | | | | | |
| STREET ADDRESS | | | | 4.3 S1 | TREET A | DORESS | | | | |
| CITY - S1 - 7/P | | | DELETE | 4.4 CI 5.1 TO | TY-ST | · ZIP | | | Change | Addition |
| TITLE NAME : | | | C D DECENT | 5.2 N/ | | İ | | | Change | CT VOUIDII |
| STREET ADDRESS | | | | - 4 | | DORESS | | | | } |
| Cify-S1-79 | | | | 5.4 CI | ITY-ST- | - ZIP | | | | |
| TITLE | | | ☐ DELETE | 6171 | | | · · · · · · · · · · · · · · · · · · · | | ☐ Change | Addition |
| NAME OTREET ANDROS | | | | 62 N | | ppacee | | | | |
| STREET ADDRESS CITY-ST-ZIF | | | | 1 . | IHEET A ITY-ST- | DDAESS - | | | | |
| 14. I do here | | | | ify for the | exen | nption stated | in Section 119.07(3)(i), Florida Statut | | | |
| information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an appears. | | | | | | | | | | |
| SIGNATURE: Decluca | | | | | | | | | | |
| SIGNAI | UNE: | TURE AND TYPED OR PRI | NTE NAME OF BIGNING OFFICE | R OR DIRECT | TOR | | Date | Da | ytime Phone # | |